



PTO/SB/21 (09-04)

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

24

Application Number	10/618,369
Filing Date	July 10, 2003
First Named Inventor	Steven McCanne
Art Unit	2144
Examiner Name	Joiya M. Cloud

Attorney Docket Number

50269-0722

ENCLOSURES (Check all that apply)

Fee Transmittal Form
 Fee Attached
 Amendment/Reply
 After Final
 Affidavits/declaration(s)
 Extension of Time Request
 Express Abandonment Request
 Information Disclosure Statement
 Certified Copy of Priority Document(s)
 Reply to Missing Parts/ Incomplete Application
 Reply to Missing Parts under 37 CFR 1.52 or 1.53

Drawing(s) 11
 Licensing-related Papers
 Petition
 Petition to Convert to a Provisional Application
 Power of Attorney, Revocation
 Change of Correspondence Address
 Terminal Disclaimer
 Request for Refund
 CD, Number of CD(s) _____
 Landscape Table on CD

After Allowance Communication to TC
 Appeal Communication to Board of Appeals and Interferences
 Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
 Proprietary Information
 Status Letter
 Other Enclosure(s) (please identify below):
Return receipt postcard

Remarks

The Director is hereby authorized to charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 to Deposit Account Number 50-1302
Deposit Account Name: Hickman Palermo Truong & Becker LLP

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name Hickman Palermo Truong & Becker LLP

Signature

Printed name Ronald M. Pomerenke

Date March 15, 2007 Reg. No. 43,009

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

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Date

March 15, 2007

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Y00136US05

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Effective on 12/08/2004.

Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)
 50.00
Complete if Known

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METHOD OF PAYMENT (check all that apply)
 Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 50-1302 Deposit Account Name: Hickman Palermo Truong & Becker LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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under 37 CFR 1.16 and 1.17

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>
21	- 20 or HP = 1	x 50.00	= 50.00		50	25

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
3	- 3 or HP = 0	x 200.00	=

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
	- 100 =	/ 50 = (round up to a whole number) x		= <u>Fees Paid (\$)</u>

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) _____

SUBMITTED BY

Signature	<u>Ronald M. Pomerene</u>	Registration No. 43,009 (Attorney/Agent)	Telephone (408) 414-1080
Name (Print/Type)	RONALD M. POMERENE		Date March 15, 2007

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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